2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N04000002986

Entity Name: WILEY SUNSHINE FOUNDATION, INC.

Current Principal Place of Business:

900 SW 62ND BLVD.
A-1
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

900 SW 62ND BLVD.
A-1
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 20-0901474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADDISON, BETTY
900 SW 62ND BLVD.
A-1
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILEY, SUE
Address: 1920 CHOWKEEBIN NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: ADDISON, BEVERLY
Address: 3422 BARCELONA ST
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: ADDISON, RHONDA
Address: 9005 W 62ND BLVD. A-1
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete
Name: ADDISON, BETTY
Address: 900 SW 62ND BLVD. A-1
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ADDISON, RHONDA
Address: 900 W 62ND BLVD. A-1
City-St-Zip: GAINESVILLE, FL 32607

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE WILEY D 03/02/2009

Electronic Signature of Signing Officer or Director — Date